

UNITED STATES DISTRICT COURT

United States Court
Southern District of Texas
FILED

for the

Southern District of Texas

DEC 28 2018

Galveston Division

David J. Bradley, Clerk of Court

Jamie Lee Coker

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Dennis C. Gore "see attached"

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

(to be filled in by the Clerk's Office)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Defendants

Brian Collier

Lorie Davis

Olugbenga Ojo

Don C. Basco

Melveric Player

Officer Kimbrough

John Doe (Kimbrough's partner)

Donald E. Muntz

Marcus E. Hinkle

Norris D. Jackson

Cheryld K. Egan

University of Texas Medical Branch at Galveston, Texas

Texas Department of Criminal Justice

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Jamie Lee Coker

All other names by which
you have been known:

ID Number

1782357

Current Institution

Michael Unit

Address

2664 FM 2054

Tennessee Colony

City

Texas

State

75886

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Brian Collier

Job or Title (*if known*)

Executive Director of Texas Dept. of Corrections

Shield Number

Employer

Texas Department of Criminal Justice

Address

P.O. Box 99

Huntsville

City

Texas

State

77342-0099

Zip Code



Individual capacity



Official capacity

Defendant No. 2

Name

Lorie Davis

Job or Title (*if known*)

Director of Correctional Institutions Division

Shield Number

Employer

Texas Department of Criminal Justice

Address

P.O. Box 99

Huntsville

City

Texas

State

77342

Zip Code



Individual capacity



Official capacity

Defendant No. 3

Name

Olugbenga Ojo

Job or Title (if known)

Hospital Administrator

Shield Number

Employer

University of Texas Medical Branch, Galveston

Address

301 University Boulevard

Galveston

Texas

77550

City

State

Zip Code



Individual capacity



Official capacity

Defendant No. 4

Name

Dennis C. Gore

Job or Title (if known)

Medical Doctor

Shield Number

Employer

University of Texas Medical Branch, Galveston

Address

301 University Boulevard

Galveston

Texas

77550

City

State

Zip Code



Individual capacity



Official capacity

"See Attached"

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Eighth and Fourteenth Amendments of the United States Constitution.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

I.B.

Defendant No. 5

Name

Don C. Bosco

Job or title (if known)

Warden of Galveston Hospital

Shield Number

Employer

Texas Department of Criminal Justice

Address

Galveston

Texas

77550

City

State

Zip Code

☒ Individual capacity ☒ Official capacity

Defendant No. 6

Name

Melveric A. Player

Job or title (if known)

Correctional Officer IV.

Shield Number

Employer

Texas Department of Criminal Justice

Address

Galveston

Texas

77550

City

State

Zip Code

☒ Individual capacity ☒ Official capacity

Defendant No. 7

Name

Officer Kimbrough

Job title (if known)

Shield Number

Employer

Texas Department of Criminal Justice

Address

Galveston

Texas

77550

City

State

Zip Code

☒ Individual capacity ☒ Official capacity

Defendant No. 8

Name

John Doe (Officer Kimbrough's Partner)

Job title (if known)

Shield Number

Employer

Texas Department of Criminal Justice

Address

Galveston

Texas

77550

City

State

Zip Code

☒ Individual capacity ☒ Official capacity

Defendant No. 9

Name
Job or title (if known)
Shield Number
Employer
Address

Donald E. Muntz
Warden of Wayne Scott Unit
Texas Department of Criminal Justice
Angleton Texas 77515
CITY STATE ZIP CODE
☒ Individual capacity ☒ Official capacity

Defendant No. 10

Name
Job title (if known)
Shield Number
Employer
Address

Marcus E. Hinkle
Medical Doctor at Wayne Scott
Texas Department of Criminal Justice
Angleton Texas 77515
CITY State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 11

Name
Job title (if known)
Shield Number
Employer
Address

Norris D. Jackson
Warden of Beto Unit
Texas Department of Criminal Justice
Tennessee Colony Texas 75880
City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 12

Name
Job title (if known)
Shield Number
Employer
Address

Cheryld K. Egan
P.A. and Medical Provider at Beto Unit
Texas Department of Criminal Justice
Tennessee Colony Texas 75880
City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 13

Name

University of Texas Medical Branch

Address

301 University Boulevard
Galveston, Texas 77550

Defendant No. 14

Name

Texas Department of Criminal Justice

Address

P.O. Box 99
Huntsville, Texas 77342

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

1. Brian Collier - Executive Director of Texas Department of Criminal Justice employed by the State of Texas and is responsible for all persons employed or contracted to provide services for Texas Department of Corrections working under both State and Federal Law that violated my rights of the 8th and 14th Amendments of the United States Constitution. (see attached page)

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

UTMB Hospital Galveston, Galveston, Texas on 2-7, 2-8, And 5-4, 2017

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Wayne Scott Unit on 12-2-16 and 2-22-17, Beto Unit on 5-20-17

II. D.

2. Lorie Davis Administrative Director of the Institutional Division of Texas Department of Criminal Justice working under both State and Federal Law who is responsible for these Institutions to follow Administrative Directives, Policies, and Rules set by Texas Department of Corrections that violated my Constitutional Rights of the 8th and 14th Amendments as guaranteed by the Constitution of the United States.
3. Dr. Olugbenga Ojo Hospital Administrator contracted by T.D.C.J. to provide medical care to incarcerated inmates and who is responsible for all Doctors that provide this service at U.T.M.B. Galveston Hospital working under both State and Federal Law who violated my 8th and 14th Amendments of the U.S.C.
4. Dennis C. Gore M.D. contracted by T.D.C. working under State and Federal Law who violated my 8th Amendment Right of the United States Constitution denying me medical care for a serious medical need that caused further injuries.
5. Don C. Bosco - Warden at Galveston Hospital working under both State and Federal Law and is responsible those employed who violated my 8th and 14th Amendment Rights guaranteed by the United States Constitution.
6. Melveric A. Player Correctional Officer II working under State and Federal Law for T.D.C.J. who violated my 8th Amendment Right to Medical Care for a serious medical need as stated in the United States Constitution.
7. Officer Kimbrough Correctional Officer (Transportation) working under both State and Federal Law who violated my 8th Amendment Right to be free from cruel and unusual punishment stated in the United States Constitution.
8. Officer John Doe (Partner to Officer Kimbrough) working under State and Federal Law who violated my 8th Amendment Right of the U.S. Constitution.
9. Donald E. Muntz - Warden at Wayne Scott Unit working under both State and Federal Law for T.D.C.J. and is responsible for those who violated my 8th and 14th Amendment Rights guaranteed by the United States Const.
10. Marcus E. Hinkle M.D. and my Medical Provider at Wayne Scott Unit who working under both State and Federal Law violated my 8th and 14th amendments.
11. Norris D. Jackson - Warden at the Beto Unit working under State and Federal Law responsible for those who violated my 8th and 14th Amendments of the U.S. Const.
12. C.K. Egan P.A. and my Medical Provider at Beto working under both State and Federal Law who violated my 8th and 14th Amendments of the U.S. Const.
13. U.T.M.B. Galveston violated the 8th and 14th Amendments of the U.S. Const.
14. T.D.C.J. violated the 8th and 14th Amendments of the U.S. Const.

IV D.

the next day 2-8-17 when I made a direct request to (Christopher Ryan Thompson) (member of the surgical team). I had a sharp pain in my surgical site, constipated going on now for 2 days in which I had informed them about before the operation but now with 27 staples holding my stomach together and without the Doctors' approval I could not get my medication to solve this problem. At noon correctional officer (Melveric A. Player) said I had been discharged and was going back to my unit. I protested saying I wasn't leaving until I saw my Doctor. He said my Doctor was the one who discharged me and threatened to gas me if I didn't comply with his direct order to leave. I was shipped in extreme pain and discomfort with problems in my surgical site, constipated, with nothing for pain for an 8 hour bus ride back to Wayne Scott my Unit. Several I-60 requests to see my unit Doctor (Marcus E. Hinkle) also my medical provider between 2-16-17 thru 3-8-17 were denied for an obvious infected stomach that was caused by surgical clips lost and/or dropped into my surgical site documented by X-rays took on 3-16-17 and later by a CT Scan on 4-19-17, (this information was withheld and I was told everything was normal). 3-9-17 Appointment with dentist (Nicholas J. Russo) who I told about the infection and being denied access to the Doctor; he looked at it, told me not to leave, and went for Dr. Hinkle who examined me in the dentist area and said it was indeed infected. After 30 shots of Cefazolin (Antibiotic) 2½ cc's injected into my stomach 3 times a day for 10 days that failed to correct this infection; (a bacterial infection called Cellulitis that can infect your blood, cause tissue death, loss of body parts, blindness, infect your brain, and even death). Several I-60's stating my condition; stomach swollen, ruby red color, pain, and pleading to be sent back to U.T.M.B Galveston Hospital. 57 days later being shipped 6 times in this condition given nothing for pain and both doctors; Marcus Hinkle and Dennis C. Gore; knew what was wrong by Xray on 3-16-17 and CT Scan on 4-19-17 and both lied and said nothing seems abnormal. This condition was corrected on 5-2-17. On 5-3-17 I was told by Christopher Ryan Thompson that a staple (surgical chip) was found in my surgical site. Being discharged on 5-4-17 I was assaulted by Officer Kimbrough in the loading area that tore my open wound - (due to the cellulitis infection I had an open wound that has to heal from the inside out measuring after this assault 8.5 x 2.5 x 2.5 cm.) Handcuffed, in a hospital gown and socks with an open wound that I told this Officer about before the assault while in a wheel chair that this Officer recklessly, maliciously, and sadistically tried to throw me out of by shaking the chair back and forth then running the chair very fast and coming to an abrupt stop then repeating this process several times. After this finally stopped my gown was soaked with blood. I stated that I hurt and needed a doctor in which the Ambulance Driver called for that I thought was the doctor but only 2 nurses came and I told them I was in pain and needed the doctor they left and returned with supplies to rebandage my wound and help me dress and was told to get on the Ambulance and was shipped in extreme pain in this condition, not being allowed access to a doctor for an eight hour Ambulance ride to 2 different Units (Beto and Michael) then taken to the Estelle Unit arriving on 5-5-17 where the measurement above was taken and Grievance #2017135393 was wrote on Officer Kimbrough attached to this suit.

(cont.)

IV.D.

5-11-17 Left the Estelle Unit and shipped to the Beto Unit and put in the care of my new provider Cheryl K. Egan. Put in several I-60 requests to see my provider to get my medications that I was getting before and was denied access to communicate with my medical provider (C. K. Egan) and wrote Grievance # 2017141142 attached to this suit. These were medications and directions prescribed by UTMH Galveston Hospital that included restrictions especially made after my discharge. I was told that my provider was too busy and her time would not and could not be wasted. I wrote this in my grievance that she was too busy and we (inmates) were being neglected because she was taking care of 3 other units; this was wrote on 5-20-17 and 2 days later on 5-22-17 I was put in G-4 population with this open wound that had to be cleaned and flushed twice a day and my restrictions were taken away (ground floor, lower bunk, limited standing, no lifting, no bending. (lower bunk and no lifting were orders from Hospital Galveston made due to this operation). On 5-23-17 appointment with Dr. Haque to get my medications approved and he stated that I shouldn't be in population with an open incision. 5-24-17 Ignoring my condition I was assigned a Top Bunk on Mwing #119 and not corrected until 5-27-17 due to this obvious abuse and retaliation. This is the basis of my lawsuit. I apologize for its length for I had to make certain points about the time it took to get recognition of the problem and the pain that existed, the delays to get treatment of an obvious infection that needed immediate attention, and the injuries that resulted by these denials and delays by not providing appropriate medical care that they knew was needed to correct their mistake that caused unnecessary pain and discomfort that could have been avoided if I had been listened to as a human being instead of being treated like a prisoner with no rights to follow a policy that has no tolerance for mistakes or to investigate a request for help by someone in pain.

V. INjuries

by Nicholas J. Russo (dentist at the Wayne Scott Unit) who requested the doctor to examine me in the dentist area of the obvious infection, (due to surgical clips dropped into my surgical site on 2-7-17) Received Cefazolin 2½ cc shots injected into stomach 3 times a day for 10 days, X-rays took on 3-6-17 showed surgical clips but denied immediate medical attention to correct this mistake and infection until 5-2-17 being given nothing for pain. Injury to open wound due to assault on 5-4-17 and denied request for a doctor in extreme pain while at Hospital Galveston wound now measuring 8.5 cm X 2.5 cm X 2.5 cm after this assault being examined by Dr. July Estelle Unit who started wound care (wound being cleaned and flushed twice a day) on 5-5-17. This continued until wound healed completely around 7-20-17. Denied medications and restrictions prescribed by Hospital Galveston on 5-20-17. Diagnosis on 6-24-17 by Medical Provider at Beto resulting in a swollen thyroid gland (a chronic condition that medication is required for life.) Denying my initial request for medical help on 2-7-17 I suffer injuries presently; limited movement of back, eye problems, migraine headaches, thyroid gland problems, lymph nodes, mental problems, and the original hernia problem in the same area.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

C. What date and approximate time did the events giving rise to your claim(s) occur?

2-7-17 2:00 P.M.

5-4-17 10:00 P.M.-6:00 AM

2-8-17 7:00 A.M.-12:30 P.M.

5-20-17 - 5-27-17

2-22-17 - 3-9-17

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

On 2-7-17 I was denied my right to communicate with my Medical Provider Dennis C. Gore who also did my surgery while being took from Surgery to my hospital room. Something was wrong inside my surgical site that led to further complications, unnecessary pain and further injuries. Repeated these requests to UTM B staff and nurses throughout this day and (see attached)

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required or did not receive.

Contracted Cellulitis (a serious bacterial infection that affects the skin and tissue under it that can lead to infection of the blood, tissue death, loss of body parts, blindness, infecting the brain, and even death) on 2-16-17 thru 5-2-17.

Denied urgent request to see Medical Provider and Surgeon on 2-7-17 in extreme pain having complications with surgical site immediately after surgery. Cold infection developed on 2-8-17 and hurt back received Amoxicillin 500 mg. and Tylenol # 3 for 10 days for pain. Recognition of infection on 3-9-17

(SEE ATTACHED)

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

1. Granting Plaintiff Coker a declaration that the acts and omissions described herein violated his rights that are guaranteed under the Constitution and Laws of the United States.

2. Granting Compensatory Damages in the amount of \$250,000.00 for past, present, and future pain, suffering and discomfort, mental anguish, and psychological harm against the Defendants (see attached)

VI. Relief

3. Plaintiff also seeks punitive damages in the amount of \$50,000.00 against Defendant Kimbrough for the unnecessary use of force to maliciously and sadistically cause harm in violation of the Eighth Amendment of the Constitution of the United States. AND \$25,000.00 in punitive damages against Officer Kimbrough's Partner John Doe for failure to protect a prisoner from substantial risk of serious harm by failing to respond.
4. Plaintiff prays for exemplary damages in the amount of \$200,000.00 against the Defendants jointly and severally.
5. Plaintiff also seeks a jury trial on all issues triable by jury.
6. Plaintiff seeks recovery of his costs in this suit and.
7. Any additional relief this court deems proper and equitable.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Wayne Scott Unit Angleton, Texas.

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

Denial of Medical care claims, one at UTMH Galveston Hospital and at Wayne Scott Unit, and at the Beto Unit.

Use of Excessive Force by the Assault upon being discharged at UTMH Galveston Hospital but filed at the Estelle Unit.

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☒ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Wayne Scott Unit, and the Estelle Unit, and the Beto Unit.

2. What did you claim in your grievance?

Denied my request for my Doctor for Surgical complications after the Surgery that needed the attention of the Doctor and Surgeon Dennis C. Gore.

Denied Medical Care for an obvious infection of a surgical area.

Denied Access to my medical Provider for medications prescribed but withheld.

Assault by Officer Kimbrough with excessive force to cause injury and pain only.

3. What was the result, if any?

NO EVIDENCE TO SUPPORT CLAIM

NO Documentation to Support Claim

Complaint Does not reflect ineffective Medical Care

Insufficient Evidence.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

Appealed with a Step Two on all Grievances with the same result, the ball being in their court; the Officials paid by them of course they are going to deny responsibility for their actions; welcome to TDCJ where no matter how meritorious a prisoner's claim, TDCJ will deny the Step 1 and Step 2 grievances 99% of the time.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. A List of Contents supporting this Civil Suit is attached along with information that is relevant for exhaustion of remedies with grievances attached and additional information concerning them.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has on three or more occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

List of Contents Supporting This Civil Suit

1. Exhaustion of Legal Remedies Exhibits:

- a. Step One Grievance # 2017090449 and Step Two with replies to their answers.
- b. Step One Grievance # 2017097516 and Step Two with replies to their answers.
- c. Step One Grievance # 2017135393 and Step Two with reply to both.
- d. Step One Grievance # 2017141142 and Step Two with reply to both.

2. Letter sent to U.T.M.B. at Galveston Hospital and Patient Liaison Program seeking an employee roster and others on the 6th, 7th, and 8th of February 2017. Answered by correspondence (2.e.) and (2.f.)

3. Letter sent to Texas Dept. of Health Services in Huntsville, Tx. seeking help and information; Letter not returned but answered by correspondence Exhibit (3) and (3.g)

4. Letter sent to NAACP Organization seeking help and answered by correspondence (4.h)

5. Letter sent to State Counsel for Offenders but not returned specifically asking for a list of lawyers who take cases against T.D.C. and answered by this correspondence.

6. Rejection Letter from Attn. Paul A. Hampel. Also listed below are Lawyers I've contacted with the same results, rejected.

Moriarty Law Firm
404 Heights Blvd.
Houston, Tx. 77007-2520

Harvill E. Weller Jr. Attn.
Texas 1st Bank - Kemah
1100 Hwy 146 Ste A
Galveston, Tx. 77565-3242

Kyle Kutch Attn.
Ste 600 G. 211 E. Tyler St.
Longview, Tx. 75601

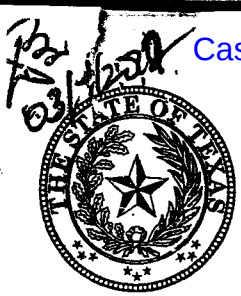
George and Bros. LLP Attn.
1100 Norwood Tower 114 W. 7th St.
Austin, Tx. 78701-3015

Stephens & Stephens
2402 Dunlavy St. Ste 300
Houston, Tx. 77006-2404

Pedro P. Garcia Attn.
5350 S. Staples St. Ste. 308
Corpus Christi, Tx. 78411-4660

Cox Law Firm
1300 Norwood Dr. Ste 100
Bedford, Tx. 76022

Sammons & Associates, P.C.
Attn: Norveys at Law
4606 F.M. 1960 Rd. W. Ste 600
Houston, Tx. 77069-4613



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

EXHIBIT (C)
OFFICE USE ONLY

Grievance #: 2017090449

Date Received: FEB 16 2017

Date Due: 4-2-17

Grievance Code: 1001

Investigator ID #: I1803

Extension Date: _____

Date Retd to Offender: FEB 16 2017

Offender Name: Jamie Lee Coker TDCJ # 1782357

Unit: _____ Housing Assignment: D-1-19

Unit where incident occurred: UTMB Health (Galveston)

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Officer informing me I was Discharged When? 2/8/17 10-11:30 A

What was their response? You've been discharged either remove yourself or we will assist you. FEB 16 2017

What action was taken? I left the premises asking for the Doctor the whole time FEB 16 2017

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

My Grievance is that I was discharged and still had problems that needed attention from a Doctor. I repeated several times that I needed the Doctor and was told by the Officer the Doctor has discharged you get your stuff together you are going back to your Unit. The problem I had was that I was bloated from eating and had not used the bathroom #2 since the 5th I was admitted on the 6th Operated on the 7th Discharged on the 8th I expressed the whole time of this problem even right before the operation I told the Nurse I haven't used the rest room she said don't worry about it I said I wasn't leaving until I talked to the Doctor the Officer said then I'll have you removed by force if I have to. I just had a Hernia Operation I have 28 staples in my stomach haven't used the bathroom in 3 days and told and threatened for force would be used I could barely walk around the room if this is not Strenuous Activity what is? They could not find my clothes and boots I was given 2 right JACKIE SLANS a jumper and told to move it! NO PAIN MEDICINE was given to me the whole time that had any kind of Relief of Pain and now this. My Back is strained now and I'm in as much pain as the 1st day off the operation table. I was put on a bed by a window that would not go up wind in my face the whole trip cramped unable to move bloated and now I'm back at the Unit I'm coughing up green muck which could be pneumonia in my chest when I cough it stresses my stomach to the point and pain that I wish I had died on the operating table if this is your motto Working together to work wonders it's a wonder I'm even alive. Why do you

FEB 16 2017

the TDC side of the hospital was like a day surgery holding
ms are overcrowded to where 8 to 12 people are either standing or sitting
a nasty floor trash cans running over commodes & would not
t my dog on and is not sterile by no means. All are put in the same
regardless of their disease being contagious who knows it's like
tiller camp for his beloved Jews but I believe his camp was more sterile
in that it's pretty nasty abusive but its part of your hospital
is a disgrace to the Medical Profession and for the Medical Professionals
let this go on is a disgrace & the respect & had for it is gone. FEB 16 2017
ion, Requested to resolve your Complaint. FEB 16 2017
the report treat us like humans not cattle & Answer the call of help when someone asks
and sterilize more seating less overcrowding & keep it clean like a hospital supposed to be.
ender Signature: Jamie Lee Coker 1782357 Date: 2/15/17 FEB 16 2017
evance Response:

This patient had surgery and was discharged back to unit. The procedure that the patient had
is a Day Surgery Procedure. The standard for this procedure is to discharge is to discharge back
to the unit of assignment after the procedure. The patient has complaints that he should
present to his unit provider.

Nurse Manager Bryan Hicks

ature Authority: [Signature] -BC, LSW Date: 3-7-17
are dissatisfied with the Step 1 response, you may submit a Step 2 (1-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response.
the reason for appeal on the Step 2 Form.

red because: *Resubmit this form when the corrections are made.

- . Grievable time period has expired.
- . Submission in excess of 1 every 7 days. *
- . Originals not submitted. *
- . Inappropriate/Excessive attachments. *
- . No documented attempt at informal resolution. *
- . No requested relief is stated. *
- . Malicious use of vulgar, indecent, or physically threatening language. *
- . The issue presented is not grievable.
- . Redundant, Refer to grievance # _____
- 0. Illegible/Incomprehensible. *
- 1. Inappropriate. *

Printed Name/Signature: _____

lication of the screening criteria for this grievance is not expected to adversely
ct the offender's health.

ical Signature Authority: _____

OFFICE USE ONLY	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
2 nd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
3 rd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2017090449UGI Recd Date: MAR 23 2017HQ Recd Date: MAR 24 2017Date Due: 5-7Grievance Code: 601

Investigator ID#: _____

Extension Date: _____

Offender Name: Jimmie Lee Gier TDCJ # 1762351
 Unit: WAYNE Scott Housing Assignment: C-1-22-B
 Unit where incident occurred: Wayne Scott

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Due to the fact that UMB at 301 University Blvd. Houston, TX, refused to let me talk to my provider who on my discharge papers is a Dr. Dennis C. Gore, MD about problems I had after my surgery my condition has worsened being prematurely discharged! My problems at the time I requested to talk to my provider were severe back pain & sharp pain on my right side, 3 days constipated, excessive swelling, and red coloring of skin which was extensive. I was given no antibiotics to prevent infection and adjustments of my restrictions (balm but, balm low, no stairs, Medical Shirt) weren't taken into consideration. On 2/9/17 got laxative from Medical & finally using the restroom after 4 days. Also contracted a chest cold and cough and got antibiotics from P.A. and she said swelling & redness was normal. On 2/23/17 I was scheduled to have staples (27) removed but it didn't happen. After several T-10's (3) requesting to be rescheduled on 3/3/17 they were removed but I was told to clean it myself & bandage it myself which is very unusual. I was still concerned about swelling and color of skin (dark red now) another T-10 to see the Doctor but was saw by the P.A. who took X-rays on 3/6/17. And again I expressed my concern about swelling and color but still no antibiotics. On 3/9/17 Saw the Dentist and he asked how my operation went I told him I think they screwed up and showed him my stomach he said don't leave my department have a seat! He took it upon himself to go for Doctor Finkle who checked it out and confirmed that it was an infection. I received 1 Antibiotic and a shot of Ancef 2 1/2 cc and would receive 3 shots a day for 10 days and 2 antibiotics a day for 10 days. It says on my discharge papers No heavy lifting or strenuous activity. I can barely get out of bed sometimes being moved 3 times in 2 weeks after surgery, severe back pain, having to update my restrictions myself, 2 infections requiring 30 shots & 40 Antibiotics and the swelling and redness of skin

-128 (front) (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

Appendix G

COPY

still persists in pain and stomach is twice the size it was before the operation this will have to be corrected you can't leave me like this off this is Working Together to Work Wonders I tmb needs a new motto. I got the operation to get better not worse. Please fix me!

Offender Signature: Jamie Lee Coker 1782357Date: 3/23/17

Grievance Response:

A review of the Medical Grievance has been completed regarding your complaint to stop the neglect, treat us like humans not cattle and answer the call of help when someone asks. Also you complained clean sterilize more seating, less overcrowding and keep it clean like a hospital supposed to be.

Appellate review of your health record shows on 02/08/2017, the doctor at Hospital Galveston prescribed you docusate sodium (stool softener/laxative for constipation) and the unit provider prescribed you Lactulose. You were a No Show for a missed clinic visit on 02/11/2017. On 02/13/2017, you were evaluated by the unit provider and was ordered an X-ray and prescribed the antibiotic amoxicillin for ten (10) days and reorder docusate sodium for 180 days. The X-ray impression stated no significant findings. On this same date the unit doctor prescribed for you Tylenol #3 for ten (10) days.

If you feel your condition has changed or warrants further evaluation, submit a Sick Call Request to discuss your concerns with a licensed medical provider. There is no evidence to support your claim of you being neglected or treated like cattle. Also, you complaints of overcrowding and cleanliness. It would be in your best interest to address these concerns with Security.

Signature Authority: _____

Date: _____

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

Reply to Step One Grievance #2017090449 sent on 2-15-17 received on 3-13-17

My grievance statement was neither confronted, denied, or answered. This was not a complaint but an urgent request for help in extreme pain and discomfort for medical problems due to this surgical procedure on 2-7-17. This urgent request was first made verbally while being took from Surgery to my Hospital room immediately after this surgical procedure took place. Repeated requests I was told would be relayed to my Doctor, who was also my Surgeon for this procedure and my Medical Provider at this Unit. Repeated this request on 2-8-17 to Nurses and Staff and a Christopher Ryan Thompson who visited me that morning who is a member of my Surgical Team. Again I was told the information would be delivered to my Provider Dennis C. Gore. This One day surgery procedure and the standard to discharge back to the Unit of assignment that's stated and following this standard without doing a reasonable investigation of the patient saying something wasn't right, that there were problems within his surgical site that led to further injuries, pain, and suffering at present time 22 months later. The final request at noon on 2-8-17 to Officer Melveric Payer was the last urgent plea for help and was told he would be gassed and forceably removed from this room.

Reply to Step Two Grievance # 2017090449 sent on 3-23-17 received on 5-26-17

Again my statement of being denied access to my Doctor, Surgeon, and Medical Provider was not addressed about problems I had after surgery stated in my first sentence of my Step Two Grievance. This Grievance is misdirecting your attention from the real issue and referring to statements made later in my grievance that has nothing to do with being denied access to my Doctor, Surgeon, and Medical Provider Dennis C. Gore and deliberately avoiding my statement in my request to resolve my complaint by not answering the call of help when someone asks for it. This Grievance directs your attention to medications ordered on 2-8-17 while at Hospital Galveston for my constipation that was not given to me until I was back at my Unit Wayne Scott and was shipped in extreme pain and discomfort with 27 staples holding my stomach together for an 8 hour bus ride also with the other sharp pain in my surgical site that I was not allowed to discuss with my doctor. The evaluation on 2-13-17 was to get something for pain to relieve this pain I suffered all weekend. The Xrays were for my back that I hurt moving a mattress into my cell and the antibiotics were for a chest cold that I contracted on the bus ride and had nothing to do with the operation and this Appellate Review of my health record is a farce. And I had been prescribed this lactose solution long before this operation and had some in my property that solved my problem of constipation that weekend before I saw the Unit Doctor Marcus Hinkle on 2-13-17. The 1st sentence in your Grievance is the issue that should be replied to! As the directions state.

EXHIBIT 1(b)



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

Offender Name: Jamie Coker TDCJ # 1782357
 Unit: WAYNE SCOTT Housing Assignment: D-1-5
 Unit where incident occurred: WAYNE SCOTT

OFFICE USE ONLY

Grievance #: 2017097516
 Date Received: MAR 02 2017
 Date Due: 4/16/17
 Grievance Code: 624
 Investigator ID #: F2312
 Extension Date: _____
 Date Retd to Offender: 19 MAY 2017

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Lt. Britt MAR 02 2017 When? 2/1/17 4:00 Pm

What was their response? Said he would call Medical & see what the problem was. MAR 02 2017

What action was taken? Nothing No Lay in & I sent 3 I-60's 3-2-17 MAR 02 2017

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate.

I am being denied medical care for an operation that was done on 2/7/17 in which complications after the procedure was done are not being addressed or attended to. After the operation I complained about being constipated and haven't had a bowel movement since 2/5/17 and I informed them at Hospital Galveston (UT) of this problem before the operation also. I requested to see the Doctor about this problem AND pain in my back only to be informed I had been discharged and threatened that I would be forced to leave otherwise. I was given no directions for aftercare, no restrictions were provided, NO Antibiotics or medicine to fight off infection or protection against infection, and swelling of my stomach was double & compared to what it was before the operation; presently it's bigger than that. When back at Wayne Scott Unit I immediately put in a sick call for a laxative, antibiotics for a cough and a X-ray of my chest and back were taken (But wasn't informed of the results or findings). With the help of the laxative I finally had a bowel movement 2/10/17 and was told the swelling in my stomach was normal after an operation like I had. I was laid in on 2/23/17 to remove the staples in my stomach but the chart could not clear count and we were put on lock down and wasn't rescheduled for the 24th. Put in I-60 the 24th and was not seen or layed in. Put in Another I-60 the 26th to be laid in for the 27th still no lay in. Told Nurses the 27th Nurses said put in a I-60 Today is the 3/1/17 and I've put in Another I-60 No lay in. When I get up sometimes I feel dizzy and have to brace myself. I've told Nurses that I'm in PAIN. Swelling has not receded any in fact it's bigger. They keep moving me around & even tried to put me on 2 row I refused. I don't even go

MAR 02 2017

at my cell due to problems unless its short distances I don't UNDERSTAND WHY I'm getting the run-around. I don't UNDERSTAND WHY the Swelling has not went down AND is getting bigger AND my back feels like someone stomped on it, My I 60's not being answered or returned or rescheduled to get these staples out. If I had known these things before and the neglect I've received I would have never gotten the operation I'm in worse pain now than I was before the operation AND my stomach is twice as big is this the care you all provide as professional Doctors and Nurses AND DOES the State BOARD allow these practices? MAR 02 2017

Action Requested to resolve your Complaint.

MAR 02 2017

Fix my Stomach, Provide Aftercare and Restrictions to protect me until I regain and recover from this situation. MAR 02 2017

Offender Signature:

Jamie Lee Carter

1782357

Date:

3/2/17

Grievance Response:

Review of your records reveals that medical was contacted and you were scheduled for a follow up, you also submitted a SCR, you were ordered medications, x-ray, and restrictions and now a new referral was submitted on your behalf. Should you have any issues with your surgery site please notify medical immediately.

A.Lindley, Interim SPM

Signature Authority:

A.Lindley

Date:

3/17/17

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission

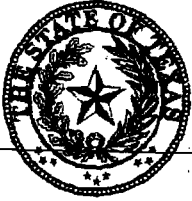
UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Jamie Lee Coker TDCJ # 1702357
 Unit: Beto 7 Housing Assignment: M-1-13-B
 Unit where incident occurred: Wayne Scott Unit

OFFICE USE ONLY

Grievance #: 2017097516
 UGI Recd Date: 5-31-17
 HQ Recd Date: JUN 07 2017
 Date Due: 7-15
 Grievance Code: 624
 Investigator ID#: _____
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Because the response given on Step 1 is a lie. I was never given a follow up to this day because there are problems with my surgery in which UTMB did a Cat Scan and showed no problem so they would have to do exploratory surgery to see what the reason for swelling and color, so where is the follow up? A Gindley is answering my Step 1 with useless phrases words that have nothing to do with being denied my right to medical care. If a person has a problem with his/her surgery and needs medical attention because of pain where the surgery took place should be able to tell his/her Doctor of the problem. Then there's the issue of the P.A. not catching the infection the patient disagrees and wants a 2nd opinion being the Doctor (Hinkle) but is denied access to him in which it took a Dentist to notice the need for a Doctor and went and got Dr Hinkle to come to his office to look at me & saw indeed it was an infection. Then on top of this the removal of the Staples which was supposed to be 2/23/17 wasn't done until 3/3/17 and afterward I was told to clean and dress the wound myself is this the usual procedure? And restrictions regarding my restrictions; the only ones that came out of UTMB were No Heavy Lifting in which I was moved 3 times after my surgery in the first 2 weeks of my recovery and had no help moving my mattress & property this doesn't qualify as strenuous activity and was shipped to the Byrd Unit and then to Beto Unit then back to Byrd and then to Balveston then back to Byrd then back to Balveston for exploratory surgery while in severe pain

I-128 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

Appendix G

COPY

Stomach swelled & infected with Cellulitis, a loose staple someone dropped & floating around in my wound and a bad stitch does this qualify as strenuous activity? I wasn't even told I had had Cellulitis; I was only told about the bad stitch and loose staple; withholding information from a patient is that procedure also? dts 5/28/17 now and I'm still recovering with a hole in my stomach!

Offender Signature: Janie Lee CokerDate: 5/28/17

Grievance Response:

In your Step 1 medical grievance you stated you did not receive proper care after your abdominal hernia repair surgery on 2/7/2017. You state you have not been treated for your constipation, received antibiotics nor have staples removed. You received no after care instructions.

According to your medical records, you received surgery 2/7/2017 and were transferred to the Scott unit 2/10/2017. You had lactulose and docusate sodium prescribed at that time for constipation and ibuprofen for pain. You did not keep the appointment scheduled 2/11/2017. You were seen by the provider 2/13/2017 and prescribed antibiotics and Tylenol #3 for pain. Your staples were removed 3/1/2017, documentation reflects incision clean, dry and intact with positive bowel sounds. Further review reflects you later developed redness at site and were prescribed antibiotics and referred to Hospital Galveston (HG) where you received an exploratory laparotomy and wash out. You have been transferred to the Brio unit infirmary where you are receiving daily dressing changes as well as physical therapy.

Dissatisfaction with the treatment decisions rendered, or the manner in which the clinic visit is conducted does not reflect ineffective medical care. Although you and your healthcare providers may differ in opinion regarding your needs and the medical treatment rendered, these decisions are ultimately the responsibility of the facility providers. You may wish to submit a sick call request to the medical department for your medical issues.

STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION

Signature Authority: _____

Date: 6-20-17

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

Reply to Step One Grievance # 2017097516 sent on 3-2-17 received on 5-24-17

My reply to this answer are the facts that I sent 2 I-60's requesting to see Dr. Marcus E. Hinke (Unit Doctor and my Medical Provider) between 2-16-17 and 2-22-17 due to an obvious infected stomach. Sent I-60 request on 2-27-17 stating that no follow up has been received to remove staples that were scheduled to be removed on 2-23-17 and need to be rescheduled. On 2-28-17 sent another I-60 stating staples need to come out and this being also the 3rd request to see Dr. Hinke stating also stomach is not right, swelling not going down, and that it's bigger and pain is worse. This Grievance states that medications were ordered along with X-rays in which these have nothing to do with this Grievance. Also restrictions were never addressed and the referral was not submitted on my behalf until after 3-19-17. The Unit Doctor had not acknowledge the infection until 3-9-17 and the Unit Dentist had to point this out to him after I showed my stomach to him in the Dentist Area where the Unit Dentist Nicholas J. Russo went for the Doctor that I was denied access to and the Unit Doctor Marcus E. Hinke examined me while in the Dentist Area thanks to this Dentist that cares about his patients. This Grievance states that I should notify medical immediately if I have issues concerning my surgery site. I have done this by I-60's in which I have documentation to prove on numerous occasions, I've wrote these Grievances, stated verbally to staff and Unit Doctors and stated I had problems before I left Galveston and was deliberately ignored and to no avail did this immediate notification prevail.

Reply to Step Two Grievance # 2017097516 sent on 5-28-17 received on 7-5-17

This answer is basically the same reply as was stated on Step 2 grievance # 2017090449 but the issue in this grievance concerns being denied access to my Unit Doctor Marcus E. Hinkle. After repeated requests from 2-16-17 to 3-9-17 where it took a concerned Dentist (Nicholas J. Russo) who saw the obvious infection to retrieve Dr. Hinkle whom I was denied access to for him to examine me in the Dentist area. A lot of information stated in this answer is wrong; I was discharged on 2-8-17 not on 2-10-17, the appointment scheduled for 2-11-17 was not made because my Unit was put on lock down but this grievance makes it sound like it was my fault, staples that were scheduled to be removed on 2-23-17 did not get removed until 3-3-17 not on 3-1-17. It states that incision clean, dry, and intact with positive bowel sounds on documentation that I would like to see because I was told to clean and bandage the site myself. It says redness later developed at site and antibiotics were prescribed. This redness was ruby red, stomach swollen, an obvious infection since 2-16-17 and tried to see the Doctor because of this infection being in extreme pain whenever I moved my body. Antibiotics were started on 3-9-17 for this infection whereas I was given 2 1/2 cc's shots directly into my stomach 3 times a day for 10 days that had no effect on this infection (A Bacterial infection called Cellulitis) and upon information obtained can infect your blood, tissue death, loss of body parts, blindness, infects the brain, and even death caused by surgical clips lost in my surgical site documented by X-rays on 3-6-17 and CT SCAN on 4-19-17. And as stated an exploratory laparotomy but there was nothing to be explored because they knew surgical clips were inside my surgical site on 4-19-17, this surgery took place on 5-2-17 and was told nothing was found by this CT Scan. It says dissatisfaction with treatment does not reflect ineffective medical care but when officials know of and disregard an excessive risk to an inmates health and safety that constitutes the unnecessary and wanton infliction of pain is deliberate indifference to the serious need of the prisoner. And the last sentence stating I may wish to submit a sick call after all I've been through shows the arrogance and stupidity of the Office of Professional Standards TDCJ HEALTH SERVICES DIVISION.

EXHIBIT (C)



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2017135393
 Date Received: 05 11 17
 Date Due: 06/20/17
 Grievance Code: 002
 Investigator ID #: 1-2193
 Extension Date: _____
 Date Retd to Offender: 06 07 17

Offender Name: Jamie Lee Coker TDCJ # 1782357
 Unit: Estelle Unit Housing Assignment: RMF EX 107
 Unit where incident occurred: Hospital Galveston

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? UNABLE BECAUSE TRANSFERRED OFF UNIT WITHIN MINUTES. When? May 4th 2017 10PM ^{AROUND}

What was their response? UNABLE to communicate or get witnesses statement

What action was taken? This Grievance I am submitting now so far. 05 11 17

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate.

Officer Kimbrough assaulted me in my wheelchair when I was discharged from GALVESTON HOSPITAL. When I was brought down in a wheelchair to get on the bus I asked Officer Kimbrough about my treatment plan that was in a red folder; he said I would not get it if I didn't get it out of my room. I said I have to have my treatment plan for my injury or rather my open wound they left me with after surgery. It's a hole 8.5 cm x 2.5 cm x 2.5 cm where they cleaned & removed an infection from a complication from my Hernia Surgery. Officer Kimbrough went into a rage saying I would get what he gave to me calling me a stupid son of a bitch and then he jerked my wheelchair around shoving it this way and that pushing and jerking my wheelchair around the whole floor opening my wound causing it to bleed excessively to where they had to call for 2 NURSES to come down to the area to redress my wound. Officer Kimbrough is a older (70 yrs or more) black man who said when I asked how old he was said he was old enough to whip my ass and f--k me up. I was trying to get a conversation going I thought he was going to have a heart attack he was so out of control. I told the Ambulance driver I young short fat kid that I had pain after this confrontation but was ignored except for the NURSES redressing my wound. I am at the Estelle Unit now and my pain in my side is continuous and I'm locked down in a lock down cell and can't get medical attention for my pain and antibiotics and am being denied my request to see my treatment plan today is the 5th of May at 10:00 AM and I don't UNDERSTAND

05 11 17

and cannot get any answers, I only asked about my treatment plan and this resulted. I was respectful when I asked and had no idea that this would happen. This officer must have had other things that caused this incident because I did nothing to cause this kind of reaction and was scared there for an instance for my life or serious injury to an injury I had already.

Action Requested to resolve your Complaint. A serious investigation of this incident must be made and medical negligence stopped before a serious injury or death happens.

Offender Signature: Jamie Lee Coker Date: May 5, 2015 1117

Grievance Response:

A unit investigation was conducted into your complaint and a referral was made to the Office of Inspector General (O.I.G). The O.I.G found insufficient evidence to open an O.I.G investigation. No further action is warranted by this office.

Warden Lacox

Signature Authority: CL Date: 6/6/17

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY	
Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
2 nd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
3 rd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Jamie Coker TDCJ # 1782357
 Unit: Beto 1 Housing Assignment: M-1-13 B
 Unit where incident occurred: UTMB GALVESTON

OFFICE USE ONLY

Grievance #: 2017135393
 UGI Recd Date: 6/16/17
 HQ Recd Date: JUN 21 2017
 Date Due: 7-26
 Grievance Code: 002
 Investigator ID#: _____
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

an investigation of this incident would have proved that Officer Kimbrough assaulted me with deliberate indifference because I told him about my wound (An open incision 8.5cm x 2.5cm x 2.5 cm deep) before he started jerking my wheelchair around trying to throw me out of it. The other Officer is a witness as well as the Ambulance Driver. If they had been questioned they would have to confirm that Officer Kimbrough had lost control of his emotions and assaulted me and my wheelchair to the point that opened up my wound where 2 nurses (witnesses also to the injury) had to redress the wound but denied me a Doctor to look at it denying me Medical Care that was needed as a precaution against other injuries (my back, my neck) Surely an investigation would have revealed this because there are facts. I believe Warden Lacroix Rubber stamped this Grievance and lied about an investigation believing I would drop this. I will take this to an outside Court if I have to this Abuse will not be tolerated by me in this prison system and definitely not after being released. My Mother is Dead and Officer Kimbrough will not get away with calling her a Bitch and either it will be death with here or when I get out but it will be dealt with I swear on her grave. You can't Rubber stamp everything that comes before your desk situations have

I-128 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

Appendix G

COPY

to be dealt with with this much evidence against Officer
 Kimbrough. AND WILL BE! Justice will be done remember
 In Justice Anywhere is a threat to Justice Everywhere!

Offender Signature:

Jamie Lee Coker

Date:

6/14/17

Grievance Response:

This issue has been reviewed by The Office of the Inspector General and that office has determined that there is insufficient evidence to warrant opening a case. No further action will be taken.

Signature Authority:

B. BARNETT

B Barnett

Date:

JUL 05 2017

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature:

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Read: _____

Date CGO Read: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Read: _____

Date CGO Read: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Read: _____

Date CGO Read: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

COPY

Reply to Step One and Step Two Grievance #2017135393 sent on 5-5-17 and returned on 7-18-17

My reply: Upon information and belief there was no investigation and is being covered up by TDCJ and UTMB Galveston Hospital. The cameras in this area with the recorded footage would show this cowardly assault. The witnesses; Officer Kimbrough, his partner John Doe, the Ambulance Driver, the 2 Nurses that rebandaged my wound, and the 5 other prisoners that were shipped with me were never questioned, my request for the Doctor never relayed, and the Nurses report never made. The original incision would be documented by the Surgeon (Dennis C. Gore) and after the assault would be larger was not addressed but was measured and documented when I arrived at the Estelle Unit the next day by Doctor July. The cameras would have shown the Nurses coming and going to this area and the blood would have been cleaned off the floor and the wheelchair by someone. This was after 10:00 P.M. when traffic was next to nothing with fewer staff and Nurses. Officer Kimbrough knew of my injury before the attack and used this unnecessary, excessive, malicious, and sadistic assault to cause harm only.



EXHIBIT 1(d)

OFFICE USE ONLY

STEP 1

OFFENDER GRIEVANCE FORM

Offender Name: Jamie Lee Coker TDCJ # 1782357

Unit: Beto 1 Housing Assignment: Hosp. Rm 109

Unit where incident occurred: Beto 1

Grievance #: 2017141142
Date Received: 5/22/17
Date Due: 7/6/17
Grievance Code: 608
Investigator ID #: FEW7
Extension Date: _____
Date Retd to Offender: 6/15/17

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Nurse Henderson When? 5/18/17

What was their response? "You only get to talk to her once a month she has more important concerns."

What action was taken? None! My medical issues are being ignored.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I am being denied my request for medical care. I have several issues that need attention by medical professionals but by being denied my access to communicate with my provider (who must approve whatever it is I want) I am being denied medical services. I was told by Nurse Henderson after I told her of some issues that I could only talk to my provider (Miss Egan) once a month, that she is very busy and has more important concerns. Does this mean I have to live with these problems I have for a month before I can get medical attention. If I have questions and concerns about my treatment or lack of treatment I still have to wait a month? I was told that my treatment when I first came here required my bandage of a open wound (Cellulitis) which I was left with after a routine hernia surgery was to be changed twice a day. Now I've been told its only once a day by a nurse Murphree because my bandage was not changed today 5/19/17 which I don't believe. I understand Ms. Egan is also taking care of 3 other units here at Tennessee Colony is this true. Maybe shes overloaded and we are being neglected and not given proper care. Cellulitis is serious and it being in my stomach there is no room for mistakes in the care and treatment I am supposed to receive to be cured completely of being UTMB's fault in the first place. I believe I have the right to have access to effective communication, to ask questions if I am concerned about my health or safety, or refuse care, treatment, and services.

and it seems to be getting to be a habit of this institution (TDC) to do so. This medical condition I have is not my fault and I am concerned and just want the case I am supposed to get to get well and talk to my provider. I've had problems with this hernia surgery and it has resulted in this and from the day I was admitted to get hernia surgery done (Feb. 6, 2017) to this day (May 19, 2017) I have never talked to my provider.

Action Requested to resolve your Complaint.

When medical attention is requested attend to it immediately not in a month or any time limit address it immediately and provide adequate communication to the patient.

Offender Signature: Jamie Lee Cooper 1782357

Date: 5/20/2017

Grievance Response:

Review of your records and per statements by RN Dotson, and RN Henderson reveals the following: Upon reporting your concerns to RN Henderson, you refused to allow assessment at the nursing level, and she advised you to review your request for body lotion at your next scheduled appointment with unit medical provider. Providers have a schedule to see patients, but all urgent needs are discussed with provider if needed prior to your scheduled appointment. On 5/18/2017 RN Henderson consulted with PA Egan concerning your expiring medications, and you received an order for Tylenol. This grievance is unsubstantiated.

KEVIN MOORE, SPM

Signature Authority: K. Moore

JUN 12 2017

Date: 6/12/17

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

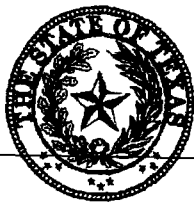
3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Jamie Coker TDCJ # 1782357
 Unit: Beto Housing Assignment: M-1-13 B
 Unit where incident occurred: Beto

OFFICE USE ONLY

Grievance #: 2017141142
 UGI Recd Date: 6/19/17
 HQ Recd Date: JUN 22 2017
 Date Due: 8-3
 Grievance Code: 608
 Investigator ID#: _____
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Unless you have a written refusal to document that I refused care at the nursing level then this is a blatant lie. I have never refused care of any kind. And as far as at the nursing level they have no authority to diagnose or prescribe medicine to care for my problem. So why do I have to see someone who can't help me to begin with I need to see my doctor (provider) who can diagnose the problem and prescribe the correct medicine. I've put in 2 requests to see the Doctor and have not got an answer or a return of my T-bo's. I should be able to talk to my provider or at least she/he should answer my T-bo's or he/she is not providing adequate medical care. The correct word for this situation is simply Communication! And it says in my treatment plan I have the right to that. A simple answer of I'm busy and I'll get to you when I can unless it's an emergency would be respectful of a professional in that profession. And Tylenol had nothing to do with my requests; the medications I inquired about I was prescribed by a Doctor before I have a list of them and they should be in the computer and none of them are Tylenol. I BuProfen Yes But I have never got Tylenol on my list. I do not abuse my medical requests they are

I-128 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

Appendix G

COPY

for legitimate reasons and if you look on the computer you will see I have used reasonable care in the use of and the time they have lasted me. When answering these grievances be sure the people you are quoting are telling the truth to begin with before writing it on this paper. To see a nurse is a waste of time let me see a Doctor (Provider)

Offender Signature:

Jannie Lee Cooper 1782357

Date:

6/17/2017

Grievance Response:

A review of the Step 1 medical grievance was completed regarding your complaint you have been denied appropriate medical treatment. You stated you have a cellulitis that has formed at the site of your hernia repair. You stated the nursing staff will not contact the provider at your request.

Review of the health record indicated you are under constant monitoring by the nursing staff, the provider is notified of any changes in your condition. You have been seen by the providers. Most recently you were seen on 6/4/2017 and again on 6/11/2017. The provider documented you voiced no concerns during those visits.

There is no documentation to support your complaint of being denied appropriate treatment by the staff of the Beto Inpatient Infirmary. If you feel that your condition has changed, or warrants further evaluation, you may wish to submit a Sick Call Request (SCR) to discuss your concerns with a licensed medical provider. Appellate review supports the response offered at Step 1. No further investigation is warranted through the grievance program for this issue.

STEP 1 MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION

Signature Authority:

Date:

6-26-17

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

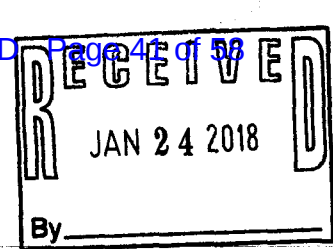
Comments: _____

Date Returned to Offender: _____

COPY

Reply to Step One and Step Two Grievance #2017141142 sent on 5-10-17 and returned on 7-5-17

My reply is that there was no refusal either verbally or written refusing assessment at the nursing level, there was no mention of body lotion in this grievance, only issues of medications that were prescribed by Hospital Galveston and my old Unit Medical Provider. Being in pain is an urgent need and Nurses cannot prescribe medications, the Medical Provider C. K. Egan was needed to do this procedure and I was denied this right delaying necessary pain medicine that was needed at this time.



Michael Unit.

Dear Sir:

I seek help in obtaining an employee roster for UTMH the week of February 6th, 7th, and 8th. I had had a hernia operation in which I had problems after the surgery in which I asked for my doctor on the 7th and was denied medical attention. It would be helpful if I were provided this roster and/or the names of the Nurses Doctors and interns that were on my ~~surgery~~ surgical team. I would also like the roster for the employees (Guards in their official capacity) on the TDC side of UTMH. One I believe is Officer Player and another Officer Kimbrough especially. Their full name and rank and job description. This Officer Kimbrough assaulted me on May 4th about 11:00 PM when I was handcuffed and in a wheel chair about to be transported to the Estelle Unit where after the assault again I asked to see a doctor due to a 8.5 cm. by 2.5 cm by 1.5 cm deep cut due to cellulitis which had to heal from the inside out was bleeding (gown front) soaked) with blood nurses had to (2) nurses, come down and redress my wound but again I was denied access to the doctor and was shipped anyway. You have cameras there and can look at the video if possible to see I'm telling the truth. I was told you would assist me since I started this suit I've been shipped around as to discomfort my investigation and access to the law library. This Injustice cannot be allowed or tolerated. The Grievance on Officer Kimbrough and the Assault was rubber stamped ~~Just~~ No evidence to support claim; the were 4 other inmates that were shipped at the same time, the other guard, the ambulance driver, the

over

10/16/17

two nurses plus the camera I know is there on the loading dock for prisoners.

Please help me
respectfully

Jamie Lee Coker .1782357
Michael Unit 7H1B
2664 FM 2054
Tennessee Colony, Texas 75886

"ATTN."

1/24/18

LANNETTE LINTHICUM MD

Correctional Managed Care

This letter was sent to UTMB Galveston and was sent back to me with NONE of the information I needed; I have sent several I-b's to our medical department and medical director Pam PACE and none have been answered or returned whereas I am seeking your help in this matter, I must obtain this information in order to proceed with this Civil Case I am pursuing against the said Officer for Assault and the Medical Departments of UTMB and Wain Scott for denying me access to medical help. This is being pushed under the rug by denying me this information, relocating me to Units further away from witnesses and material at Wain Scott where I need to be and is my 1st assigned Unit. Please help me this is not right and I give my oath that all that is written is true. This Assault and Denial of Medical Attention needs to be Addressed please help me. Respectfully

P.S. WHAT DOES CORRECTIONAL MANAGED CARE JAMIE LEE COKER Jamie Lee Coker
10 By THE way, THIS IS DEFINITELY NOT MICHAEL UNIT 7H1B
correct but they refuse to help, just what do they do?



Health

Working together to work wonders.™

The University of Texas Medical Branch Galveston
Correctional Managed Care
Quality Services
301 University Blvd.
Galveston, Texas 77555-1207

TRUCK MAIL

MEMORANDUM

TO: Offender: Jamie Coker TDCJ # 1782357

FACILITY Michael MI 036

FROM: Department of Quality Services

DATE: January 24, 2018

7H-01B

We received your letter regarding healthcare concerns in our office. We encourage you to use the process on your unit to discuss your health related concerns. A healthcare provider on your unit should be able to answer your questions. In addition, the formal grievance process is available to you through your unit grievance officer. We are hopeful that you will achieve a satisfactory resolution.

WRITE TO:

LANNETTE LINthicum MD.
Two Financial Plaza Ste 625
Huntsville TX 77340
Ph. 936) 437 3542



Health

Working together to work wonders.™

The University of Texas Medical Branch Galveston
Correctional Managed Care
Quality Services
301 University Blvd.
Galveston, Texas 77555-1207

MEMORANDUM TRUCK MAIL

TO: Facility Practice Manager/Administrative Associate (MI 036)
FROM: Department of Quality Services
RE: Offender Letters/I60 Forms

We received the enclosed correspondence in our office from the offender(s) on your facility with concerns related to his/her healthcare. The offender has been encouraged to use the process on his/her unit to discuss health related concerns. No response to this office is necessary, as the encounter will be captured in your informal complaint database.

If you have any questions, please don't hesitate to call.

SENT REQUEST to Med. Dept. for information 2/13/18 on I-60.

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
THE OFFICE OF THE GENERAL COUNSEL
INTER-OFFICE COMMUNICATION**

TO: Jamir Lee Coker

TDCJ # 1782357

FROM: TDCJ - Office of the General Counsel

DATE: 6-19-2017

UNIT: Beto 1

SUBJECT: Legal Issues

This is in response to your recent letter to: Woodson E. Darden dated: _____

Post Conviction Litigation Division

____ Your correspondence received by this office relates to the above litigation and will be forwarded to the Office of the Attorney General representing the Agency.

____ Your letter is being returned unanswered pursuant to TDCJ Offender Orientation Handbook which States, in part, "You should always try to solve your problem with staff on your unit or facility before you submit your grievance. Always submit your original to the grievance investigator on your facility, and if you appeal a decision to the next level, you must always submit your appeal with the original Step 1 to the grievance investigator on your facility." Resubmit your appeal to the grievance investigator on your unit.

____ Every effort is being made to process grievances within the time limits outlines in the **Offender Grievance Procedure**. For information regarding your grievances you should contact: **Offender Grievance Procedure**, P.O. Box 99, Huntsville, Texas 77342-0099.

____ If you have a complaint or allegations to be made relating to **staff misconduct** (i.e., verbal harassment, acts of discrimination, etc.) they should be directed to the Unit Warden or his designee

____ If you have a complaint or allegations to be made relating to **staff misconduct** (i.e., excessive UOF; acts of retaliation;) or any crime committed by offender/employee on State property they should be directed to the unit Internal Affairs Investigator or contact the Internal Affairs Division, P.O. Box 99, Huntsville, TX 77343-0099

____ Issues related to **time calculations**, sentencing, concurrent time/stacked time, jail time, forfeited good conduct time, back-dated good conduct time, class, promotion, etc., should be directed to the Classification Records Office, Time Section, P.O. Box 99, Huntsville, Texas 77342-0099.

____ The TDCJ-ID has policies and procedures in effect for processing an offender's request for an inter-facility transfer. You should contact the Unit Chief of Classification and/or Administrative Segregation Committee so your request can be processed. The committee will give careful consideration to the request, and appropriate action will be taken. The State Classification Committee makes the final decision.

____ Any issue related to **religious programs**, services, holidays, or activities should be directed through the Unit Chaplain or the TDCJ-ID Chaplaincy Department, P.O. Box 99, Huntsville, Texas 77342-0099.

____ **Parole** related issues should be directed to the Unit Parole Officer or contact the Board of Pardons & Paroles, 8610 Shoal Creek Blvd., P.O. Box 13401 Capitol Station, Austin, TX 78711.

____ **Public Information Act** Section 552.028(a)(1), Texas Government Code provides: "A governmental body is not required to accept or comply with a request for information from an individual who is imprisoned or confined in a correctional facility."

____ Issues related to **education** should be directed to the Windham School Principal on the unit. Continuing Education issues should be sent to Windham School, P.O. Box 40, Huntsville, TX 77342.

____ Issues related to your **commissary account**, should be directed to: Local Funds, P.O. Box 99, Huntsville, TX 77342-0099. Issues related to commissary purchases should be directed to the Unit Commissary Supervisor.

____ Issues related to your **Inmate Trust Fund** account should be directed to: E & R Programs, Inmate Trust Fund, P.O. Box 629, Huntsville, Texas 77342-0629.

____ Your request for Protective Custody/ Safekeeping/Unit Transfer, due to LIFE ENDANGERMENT has been received by this office, and was immediately forwarded to the appropriate staff for immediate investigation and action on your behalf.

____ Issues related to **meals**, sack lunches, special diet menus, etc., is not appropriate for handling by this office. Send an I-60 to the Food Service Manager so they may take immediate action regarding your issue. If this proves to no avail, you may contact: Asst. Director of Food Service, P.O. Box 99, Huntsville, TX 77342-0099

✓ The unit physician is the primary care provider at the unit level and is responsible for the determination of **medical treatments**, medical restrictions, and scheduling services. You should attempt to resolve your problem on the unit level first by contacting the unit medical administrator, in writing, for assistance. Subsequently, if you are not in agreement with his/her response you can write to the Patient Liaison Program, Health Services, P.O. Box 99, Huntsville, TX 77342-0099.

____ Issues related to **legal assistance** should be directed to **State Counsel for Offenders**, Legal Services Section, P.O. Box 4005, Huntsville, TX 77342-4005. **Law Library issues**, legal visits with other offenders, etc., should be addressed to **Access to Courts** at P.O. Box 99, Huntsville, TX 77342-0099.

____ The information presented in your letter is inappropriate for handling by this office. Direct your correspondence to the appropriate court / state department / or agency responsible for reviewing your concerns:

Unit Employee Roster
ADDITIONAL COMMENTS:

Director of the Dept. of Corrections (50 LED 2d 125, 729 P.2d 546, 17 Estelle v Gump
WARDEN of the prison
MED. DIRECTOR

(Prison Officials failed to comply with a Doctors orders to move me to ^{COKER} a lower bunk, & put him in solitary confinement until Coker accepted a top bunk assignment. Because he refused housing because he was assigned to a top bunk with an open incision of 8.5 by 2.5 cm.

RESEARCH REFERENCES:

15 Am JUR 2d, Civil Rts. §§ 14.23.1; 21 Am JUR 2d, Criminal LAW §§ 610-612; 60 Am JUR 2d, PENAL & CORRECTIONAL INSTITUTIONS § 52

5 FED. Procedural Forms LEd, Civil Rts. §§ 10:151 et seq.

19 Am JUR PL & PR Forms (Rev Ed), PENAL & Correctional Inst., Form 11

22 " " TRAILS 1, PRIS. Rts. Litigation

42 USCS § 1983; Const. 1 8th & 14th Amend.s.

JS LEd Digest, Civil Rts. § 10; Criminal LAW § 78

ALR Digests, Civil Rts § 1.3; CRIMINAL LAW § 170

- Ed Index to ANPOS, Civ. Rts.; Cruel & Unusual Pun.; Pris. & Prisoners.

HR Quick Index, Cruel & Unusual Pun. Discrimination; Pris. & Convicts

FED. " " C. Rts. C & U. Pun., Pris & Prisoners

~~43 LEd 2d 433~~ Sup. Ct. construction of Civ. Rts Act of 1971 (42 USCS § 1983) providing right of Action for violation of fed. rts. ~~43 LEd 2d 433~~

Fed. Constitutional guaranty against C & Un. Pun. 33 L Ed. 2d 932

What provisions of the Bill of Rts. are applicable to the States 18 L Ed 2d 1388, 23 L Ed. 2d 985

Relief under Fed. Civ. Rts. acts to state prisoners complaining of denial of med care ~~#~~ 28 ALR 7ed 279

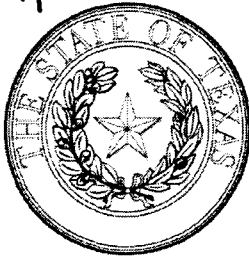
Prison Conditions as amounting to C & Un. Pun. 51 ALR 3d 111. < pg. 253 >

Look at 42 U.SCS § 1983 for failure to make a claim (pg. 254 ^{Clause} of the 8th Amend.

Crim. LAW. § 78 C & Un Pun. - what constitutes!

3/7/18

Exhibit 3(g)



Texas Department of Criminal Justice

Bryan Collier
Executive Director

*Letter not
returned*

March 7, 2018

OFFENDER: COKER, JAMIE LEE TDCJID: 1782357 Facility: MICHAEL

The Patient Liaison Program no longer accepts complaints from the offender population. Your letter is being returned and you are directed to follow the below listed procedures if you chose to file a complaint about your health care (medical, dental and/or psychological).

The health care at the MICHAEL facility is the responsibility of the UTMB-CMHC.

Each facility has an Informal Complaint Process in place. If you have a medical, dental and or psychiatric related complaint, you must first attempt resolution through this process. You may submit an I-60 and or letter to the facility based Complaint Coordinator: PRACTICE MANAGER.

Please allow sufficient time for a response. If you are dissatisfied with the response from this process you may proceed with the offender grievance process (I-127 AND I-128). Remember that all offender grievances must be submitted to your unit grievance office.

Please follow these procedures for all future complaints about your health care.

Sincerely,

TDCJ Health Services Division
Office of Professional Standards
Patient Liaison Program

MW/dv

Reference No. : 1800t0000000409

Our mission is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.

P.O. Box 99
Huntsville, Texas 77342-0099
(936) 295-6371
www.tdcj.state.tx.us

● To the NAACP Organization, Dear Sirs:

I was assaulted by a Guard (Officer Kimbrough) of the Texas Dept. of Corrections while handcuffed in a wheelchair with an incision of $8.5 \times 2.5 \times 1.5$ cm; an open wound due to cellulitis. The Officer jerked the chair this way and that pushing the chair fast and then abruptly stopping trying to knock me out of the seat opening my wound causing it to bleed and nurses had to be called to redress my wounds and change my gown. I asked to see a Doctor for the injuries and pain but was refused and put on an Ambulance and shipped to the Estelle Unit where I filled out a grievance about the incident and got the measurement of my wound above. I am currently trying to get the information (a prose packet)

● of the correct papers to file a civil suit on the Officer, UTMB at Galveston, and my Doctor (Provider) but have been shipped 2 more times further away from the information and have received no information from TDC roster at Galveston Hospital or any cooperation in finding information on this certain Officer. The Grievance Procedure was Rubber Stampal "Insufficient" "Evidence" to warrant further action. My Civil Rights have been violated and T.D.C. is covering up the investigation by moving me to a lock down Unit in order to shut down my investigation of filing a Civil Suit. This case is deliberate indifference because I explained to Officer Kimbrough my condition before he assaulted me. I am requesting help and this incident probably was on their Camera plus 4 other inmates witnessed the assault along with Officer Kimbrough's Partner and the Ambulance Driver and an Incident report should have been

filed on behalf of the Nurses that attended me on the
backyard Dock AREA. I would offer [REDACTED] of any settlement
just to see justice done.

Please reply
Sincerely, Jamie Lee Carter 1782357
Michael Unit 7 H 18
2664 FM 2054
TENNESSEE COLONY, TEXAS 75886

THIS CASE SHOULD BE BROUGHT TO THE ATTENTION
of the WHOLE NATION of Police Brutality, Another Case that was in
USA TODAY St. by St. Section of a Woman Being Sprayed while
being restrained in a wheelchair and she won her settlement

PLEASE REPLY AND/OR referral to someone
who can help me they are covering up this incident
by locking me down in A worse place to make it
more difficult on me because they know I
am alone with no support.

4/9/18

Exhibit 4(h)

New York Office
46 Rector Street, 5th Floor
New York, NY 10006-1738
T. (212) 965 2200 F. (212) 226 7592
www.naacpldf.org



Washington, D.C. Office
1444 Eye Street, NW, 10th Floor
Washington, D.C. 20005
T. (202) 682 1300 F. (202) 682 1312

April 9, 2018

Mr. Jamie Lee Coker

#01782357

Michael Unit 7H1B

2664 FM 2054

Tennessee Colony, TX 75886

RE: Request for Assistance

Dear Mr. Coker,

Thank you for your letter. We are extremely sorry to hear about your legal issues. We very much wish that the NAACP Legal Defense & Educational Fund, Inc. had the capacity to represent every person that contacts us about a case of possible injustice. Unfortunately, however, we are only able to represent a very limited number of people and we are unable to assist you at this time.

We wish you the best of luck with your case.

Yours truly,

NAACP Legal Defense & Educational Fund, Inc.

5/23/17

EXHIBIT S



State Counsel for Offenders

Texas Board of Criminal Justice

P.O. Box 4005
Huntsville, TX 77342-4005
(936) 437-5203

May 23, 2017

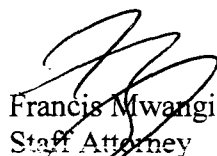
Jamie Coker
TDCJ-ID #1782357
Beto Unit (B1/022)

Dear Mr. Coker:

We received your recent letter asking where you can find attorneys who can file a lawsuit on your behalf.

A list of Attorneys who practice civil litigation can be found in the *Texas Legal Directory*. This directory can be found in your Unit library and a law librarian can assist you if you need help in locating it.

Sincerely,


Francis Mwangi
Staff Attorney
Legal Services Section

FMW/lc

cc: file



The Law Office of Paul A. Hampel

PAUL A. HAMPEL Attorney at Law

May 30, 2017

Jamie Lee Coker #1782357
Beto Unit
Hospital Room 109
Tenn. Colony, Texas 75880-5000

Dear Mr. Coker,

Thank you for your interest in my office, unfortunately I cannot assist you with your request. I currently do not offer services pertaining to Law Suits or any Civil Legal matters. I currently specialize in parole representation. My services focus solely on getting my clients approved for parole as soon as possible. I am not affiliated with any other attorney well enough that I would feel comfortable in offering a reasonable recommendation or a referral to. Again, I thank you for your interest and I wish you the best of luck with your future endeavors.

Sincerely,

A handwritten signature in cursive script that reads "Paul A. Hampel".

Paul A. Hampel

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

NO.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

☐ Yes☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 12-19-18

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Jamie Lee Coker 1782357
Jamie Lee Coker
1782357
Michael Unit 18 U 31, 2664 FM 2054
Tennessee Colony Texas 75886
City State Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

(Date)

Declaration By Inmate

I Jamie Lee Coker SID 1782357

Being presently incarcerated at the Michael Unit 2664
FM 2054 Tennessee Colony, Texas 75886 declare under
Penalty of Perjury that the foregoing instrument is
true and correct,

Signed on this the _____ day of _____,

Plaintiff

Jamie Lee Coker

Defendants

Texas Department of
Criminal Justice

University of Texas
Medical Branch
Galveston

Brain Collier

Lorrie Davis

Don C. Bosco

Donald E Muntz

Norris Jackson

Dennis C. Gore Olugbenga Ojo

Marcus E. Hinkle Cheryld K. Egan

Officer Kimbrough

Officer John Doe

Officer Melveric Player

Jamie Lee Coker 1782357
Mark W. Michael Unit 18431
2664 FM 2054
Tennessee Colony, Texas 75886

U.S. District Court Southern District
of Texas
P.O. Box 2300
Galveston, Texas 75886

